


MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.


READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
For Official Use Only <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 10px auto;"> 004-077 </div>	1. FILE NUMBER	2. PERIOD COVERED		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>
		From	MO DAY YEAR	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>
		Through	MO DAY YEAR	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MARK HEMPHILL (2) 004-077 MAINTENANCE OF WAY EMPLS AFL-CIO 341 SF ATCHISON TOPEKA & SANTA FE 521 S E 10TH ST P O BOX 746 NEWTON, KS 671144407 3/2002 		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">M A R K</div> Last Name <div style="border: 1px solid black; padding: 2px;">H E M P H I L L</div> P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; padding: 2px;">P . O . B O X 7 4 6</div> Number and Street <div style="border: 1px solid black; padding: 2px;">5 2 1 S . E . 1 0 ' T H S T R E E T</div> City <div style="border: 1px solid black; padding: 2px;">N E W T O N</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">K S 6 7 1 1 4 - 0 7 4 6</div>		
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.)		
MAINTENANCE OF WAY EMPLS AFL-CIO		SF		
6. DESIGNATION NUMBER		7. UNIT NAME (if any)		
		ATCHISON, TOPEKA & SANTA FE SYSTEM		
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
(If "No," provide address in Item 75.)				

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: ME Humphall
6/11/72 Date 316-283-1470 Telephone Number

GENERAL CHAIRMAN
(If other title,
see instructions.)

77. SIGNED: 
B-12-02 3162842601
 Date Telephone Number

TREASURER
(If other title,
see instructions.)

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ ☒
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 2 7 1

19. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 3 7 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 49.75 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ NONE
(d) Work Permits	\$ NONE per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 004 - 077

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			5 0 7 3 3 4	4 9 4 5 0 9
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			4 4 1 1 9 5	2 8 0 6 1 8
	29. Investments.....	2		1 3 2 0 7 3 8	1 1 9 5 4 9 2
	30. Fixed Assets.....	5		9 5 8 0 2	9 5 8 0 2
	31. Other Assets.....	3		0	0
	32. TOTAL ASSETS.....			2 3 6 5 0 6 9	2 0 6 6 4 2 1
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			0	0
	34. Loans Payable.....	8		0	0
	35. Mortgages Payable.....			0	0
	36. Other Liabilities.....	4		7 7	3 4
	37. TOTAL LIABILITIES.....			7 7	3 4
38. NET ASSETS (Item 32 less Item 37).....			2 3 6 4 9 9 2	2 0 6 6 3 8 7	

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 004 - 077

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			6 5 5 7 8 5	56. To Officers.....	9		2 7 9 5 1 4
40. Per Capita Tax.....			0	57. To Employees.....	10		5 9 1 1 3
41. Fees.....			1 8 2 5	58. Per Capita Tax.....			0
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		6 0 9 5 2
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			1 8 8 3 5
46. Interest.....			8 0 9 0 1	63. Benefits.....	11		1 7 7 1 2 8
47. Dividends.....			5 9 8 7	64. Contributions, Gifts & Grants.....	12		2 0 0
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		5 6 8 2 3 0	66. Direct Taxes.....			9 0 6 9 5
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			1 1 4 2 0 4
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		4 9 1 7 5 5
52. On Behalf of Affiliates for Transmittal to Them.....			1 0 9 0 2	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		1 4 7 9 6	71. To Affiliates of Funds Collected on Their Behalf.....			1 0 9 4 5
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		4 7 9 1 0
55. TOTAL RECEIPTS.....			1 3 3 8 4 2 6	74. TOTAL DISBURSEMENTS			1 3 5 1 2 5 1

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 004 - 077

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 1 9 5 4 9 2
2. Total Book Value	1 1 9 5 4 9 2
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 1 9 5 4 9 2
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. FUNDS COLLECTED ON BEHALF OF	0
2. AFFILIATES, BUT NOT YET DIS-	0
3. BURSED BY THE END OF THE	0
4. REPORTING PERIOD.	3 4
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 4
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 004 - 077

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 521 S.E. 10TH ST, NEWTON, KANSAS	1 5 0 0 0		1 5 0 0 0	1 5 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 521 S.E. 10TH ST, NEWTON, KS	3 7 7 8 7	0	3 7 7 8 7	3 7 7 8 7
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	4 3 0 1 5	0	4 3 0 1 5	4 3 0 1 5
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	9 5 8 0 2	0	9 5 8 0 2	9 5 8 0 2
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	7 7 3 7 9 7	7 7 3 7 9 7	5 5 3 8 4 9	5 5 3 8 4 9
2. U.S. TREASURY SECURITIES	3 1 2 5 6 2	3 1 2 5 6 2	3 2 3 1 6 2	3 2 3 1 6 2
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1 0 8 6 3 5 9	1 0 8 6 3 5 9	8 7 7 0 1 1	8 7 7 0 1 1
	7. Less Reinvestments			3 0 8 7 8 1
	8. Net Sales			5 6 8 2 3 0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 004 - 077

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	648551	648551	648551
2. U.S. TREASURY SECURITIES	151985	151985	151985
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	800536	800536	800536
			7. Less Reinvestments
			308781
			8. Net Purchases
			491755
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
			Column (C)	with Explanation	Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 004 - 077

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1.	HEMPHILL M GENERAL CHRMN	C	7 7 7 8 8	0	2 7 6 7 0	0	1 0 5 4 5 8
2.	WHEELER T VICE GEN CH/ST	C	6 6 0 0 8	0	3 0 0 1 8	0	9 6 0 2 6
3.	MARQUART G ASST GEN CHMN	C	6 4 3 9 2	0	5 7 1 8 1	0	1 2 1 5 7 3
4.	DAVIS R ASST GEN CHMN	C	6 1 4 2 2	0	9 3 4 4	0	7 0 7 6 6
5.	CAREY R EXEC COMM	C	9 0 2	0	1 1 8 7	0	2 0 8 9
6.	HAISTON J EXEC COMM	C	0	0	1 5 6 7	0	1 5 6 7
7.	MATEEN R EXEC COMM	C	9 0 2	0	8 8 8	0	1 7 9 0
8. Totals from additional pages (if any)			9 0 2	0	1 2 2 5	0	2 1 2 7
9. Totals of Lines 1 through 8			2 7 2 3 1 6	0	1 2 9 0 8 0	0	4 0 1 3 9 6
				10. Less Deductions		1 2 1 8 8 2	
The total from Line 11 is entered in Item 56				11. Net Disbursements		2 7 9 5 1 4	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 004 - 077

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
SMITH 1. SECRETARY	S		3 5 2 2 0	0	0	0	3 5 2 2 0
WIEMERSLAGE 2. SECRETARY	B		3 5 2 2 0	0	0	0	3 5 2 2 0
WILSON 3. SECRETARY	D		1 9 7 5 7	0	0	0	1 9 7 5 7
4.							
5.							
6. Totals from additional pages (if any)							
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			2 8 2 0	0	1 9 0 5	0	4 7 2 5
8. Totals of Lines 1 through 7			9 3 0 1 7	0	1 9 0 5	0	9 4 9 2 2
					9. Less Deductions		3 5 8 0 9
The total from Line 10 is entered in Item 57					10. Net Disbursements		5 9 1 1 3

SCHEDULE 11 - BENEFITS

FILE NUMBER: 004 - 077

Description (A)	To Whom Paid (B)	Amount (C)
1. MEDICAL, SURGICAL, HOSPITAL & LIFE	UNITED HEALTHCARE	1 2 2 1 1 1
2. DENTAL	TRUSTMARK INSURANCE CO.	1 0 3 3 3
3. DISABILITY INCOME	TRUSTMARK INSURANCE CO.	3 2 6 2
4. ACCIDENTAL DEATH & DISMEMBERMENT	LIFE INS. CO. OF N. AMER.	3 5 2
5. Total from additional pages (if any)		4 1 0 7 0
6. Total of Lines 1 through 5		1 7 7 1 2 8
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. UNITED WAY	2 0 0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 0 0
The total from Line 8 is entered in Item 64	

Description (A)	Amount (B)
1. PERSONAL PROPERTY TAX	1 4 5
2. TELEPHONE	2 3 7 3 8
3. POSTAGE	1 0 2 8 1
4. SHIPPING	3 9 0
5. SUPPLIES	4 7 1 4
6. PRINTING	2 5 7 9
7. Total from additional pages (if any)	1 9 1 0 5
8. Total of Lines 1 through 7	6 0 9 5 2
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ALLOCATED ALLOWANCE FROM INT'L TRANSFERRED FROM SYSTEM	2 3 8 1
2. LODGE	6 5 1 6
POSTAGE REIMB FROM LOCAL	
3. LODGES	2 0 9 0
4. HALL RENT REIMBURSEMENT	7 0 0
5. EXPENSE REIMB FROM D. WILSON	1 6
6. REFUND FROM QUILL OFFICE SUPPLY	2 8
7. WAGE REIMB FROM 9/11 PAY PERIOD	3 0 6 5
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 4 7 9 6

The total from Line 17 is entered in Item 54

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. EMPLOYEE WAGES DELAYED BY 9/11	3 0 6 5
2. PAYROLL DEDUC. - PENSION	3 9 4 3 4
3. PAYROLL DEDUC. - UNION DUES	1 7 1 3
4. PAYROLL DEDUC. - MWPL	2 3 4 0
5. COX COMMUNICATIONS CABLE FEES	4 7 1
SECURITY STORAGE UNIT ANNUAL	
6. FEE	4 6 8
7. FLOWERS	3 5 8
8. FOREIGN TAX WITHHELD	6 1
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 7 9 1 0

The total from Line 17 is entered in Item 73

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: **004 - 077**

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
VENTURI A EXEC COMM C		9 0 2	0	1 2 2 5	0	2 1 2 7

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 004 - 077

ENDING DATE OF PERIOD COVERED:
03/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
ELECTRICITY	2 7 8 8
MEMBERSHIP DUES / FEES	3 2 0
WATER	3 8 8
OFFICE PROPERTY INSURANCE	2 4 1 7
SOFTWARE EXPENSE	4 3 8
EQUIPMENT LEASING	4 9 6 5
WORKMEN'S COMP. PREMIUM	1 6 3 4
EQUIPMENT MAINTENANCE	1 7 9 9
BANK SERVICE CHARGES	3 6
SEMINAR / MEETING EXPENSE	2 5 0 0
BUILDING MAINTENANCE	6 2 0
OFFICE CLEANING	1 2 0 0

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: 004 - 077

75. ADDITIONAL INFORMATION(*continued*)

Item Number	
9	BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES, SUITE 200, 26555 EVERGREEN ROAD, SOUTHFIELD, MI 48076-4225.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: **0 0 4 - 0 7 7**

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES - ATCHISON, TOPEKA & SANTA FE SYSTEM FEDERATION SIMPLIFIED EMPLOYEE PENSION PLAN, SUITE 200, 26555 EVERGREEN ROAD, SOUTHFIELD, MI 48076-4225.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: 004 - 077

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
25	\$379,871 IN ITEM 25, COLUMN (A) AND \$417,656 IN ITEM 25, COLUMN (B) WERE ON DEPOSIT AT THE INTERNATIONAL HEADQUARTERS.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: **0 0 4 - 0 7 7**

75. ADDITIONAL INFORMATION (*continued*)

Item Number	
39	\$650,801 IN DUES WERE ACTUALLY COLLECTED BY THE INTERNATIONAL HEADQUARTERS FOR THE SYSTEM.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: **004 - 077**

75. ADDITIONAL INFORMATION (*continued*)

Item Number	
74	\$1,340,801 IN EXPENSES WERE PAID BY THE INTERNATIONAL HEADQUARTERS FOR THE SYSTEM. \$10,450 WAS PAID FROM THE ACCOUNT AT THE SYSTEM AND REIMBURSED BY THE INTERNATIONAL HEADQUARTERS.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

FILE NUMBER: **004 - 077**

75. ADDITIONAL INFORMATION

Item Number	
75	ALL FINANCIAL TRANSACTIONS ATTRIBUTABLE TO THE SYSTEM WERE HANDLED THROUGH THE INTERNATIONAL HEADQUARTERS' BOOKS BECAUSE THE INTERNATIONAL HEADQUARTERS MAINTAINS A CONSOLIDATED ACCOUNTING SYSTEM.

ENDING DATE OF PERIOD COVERED:
03/31/2002

75. ADDITIONAL INFORMATION (continued)[illegible]

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GENERAL CHAIRMAN IS THE PRINCIPAL OFFICER OF THIS ORGANIZATION.